

THE MORE RECENT CONCEPTIONS REGARDING HYSTERIA AND THEIR RELATION TO THE TRAUMATIC NEUROSIS.

By TOM A. WILLIAMS, M. B., C. M., Edin.,
Washington, D. C.

The medical profession has often been reproached for its incompetence in the face of certain long-standing nervous affections of which the functional nature is later proved by a cure through Christian Science, Mental Healing and other Faith cures. Sometimes the psychic element in the recovery is not so clear, as when it is disguised in such procedures as Chiropraxy, Osteopathy, Homeopathy, or even, in some cases, Electro-therapy when indiscriminately applied. Any of these means, just as surely as drugs, may affect a symptomatic cure merely through the suggestion they convey. In this respect, it is to be regretted that the procedure of too many practitioners is defective. For many, who should better merit the name doctor, when uncertain or vague in their diagnosis, will run the gamut of their armamentarium on the chance of a lucky hit. Even the therapeutic blunderbus is by no means extinct.

There was formerly some justification for this demerit; but nowadays, precision in neurological diagnosis has removed all excuse. Even though the general practitioner himself has not become versed in the clinical technique for investigating the nervous system, yet it is not difficult to find a competent neurologist who can in most cases distinguish with certainty symptoms arising from organic defect from those arising in an idea, emotion, or defect of will.

No longer need we rely upon the method of exclusion for diagnosing psychic disorder. The signs by which we distinguish psychic symptoms are as positive, clear and demonstrable as any other reaction observed at the bedside. For instance, a blush induced by a suggestion by the investigator is as much an observable, unmistakable, pathognomonic reaction as is the more simple extensor reaction of the great toe when the sole of the foot is lightly stroked in a patient having a disorder of the motor

projection fibres in the pyramidal tract or elsewhere in their course.

The tests we employ for the estimation of attention, perception, memory, association of ideas and fatigability differ not in kind but only in complexity from those employed in the mensuration of motility and sensibility, including the function of the special senses, the validity of which is disputed by no one. Even the emotions are now being studied by an exceedingly delicate galvanometric method devised by Jung in Switzerland and now being used in this country by Petersen and Sidis among others.

We are not yet in a position to measure the very complex reaction known as suggestibility; but it would be as absurd on this ground to forbid us to ascertain it clinically as would be the prohibition of the cardiac murmurs as physical signs unless we measured their sonority instrumentally. Just as skill in an appreciation of cardiac murmurs requires a long apprenticeship in auscultation, much more does the technique for the elicitation of suggestibility require training and experience.

Many of us may remember when it was not a commonplace to postulate a source of infection upon diagnosing an abscess. But the finding of organisms has taught us to do this. New technique is now permitting us to find syphilis when we diagnose tabes or dementia paralytica. It is becoming known that a hysterical symptom is always the product of a suggestion. The two following cases are striking instances of the burial of a suggestion for a long period, and its final emergence as a symptom constituting a hysteria:

The first case was that of a Hebrew boy, in whom hysterical retention of urine was found to have as its source the fixed idea engendered by the effort to retain his evacuations during a period of three days while he was hiding from the Russians in a large barrel during the massacres of the Jews. Although, however, the boy presented other hysterical symptoms within six months of this incident, it was fully a year before the retention developed.

The second case was that of a girl

who became paralyzed after a slight shock experienced while crossing an electric tramway in repair. It developed on inquiry that some six months previously, she had overheard some mechanicians discussing the injurious effects of electric shocks. She had, however, entirely forgotten this circumstance until a careful psycho-analysis revealed it.

Space does not permit a doctrinal discussion of the relation of suggestibility to hysteria; for this, the reader is referred to an article of the writer in the current *International Clinics*, to the often-expressed views of Babinski, and to the recent discussion upon hysteria at the Paris Neurological Society. The conclusions which emerge from this study and the intelligent observation of patients may be expressed as follows:

(1) That all the symptoms which may legitimately be included under hysteria are imposed by suggestion.

(2) That the state of suggestibility is derived from (a) faulty education, tending to perpetuate and fortify the natural suggestibility of the child; (b) cerebral modifications due to organic causes, the action of which necessarily varies among individuals in accordance with the hereditary constitution.

(3) Those symptoms which do not derive from this process do not properly belong to hysteria, but originate from causes which former observers had not ascertained.

(4) The success of the treatment as judged by the permanence of its results strongly corroborates this view of the pathogenesis of hysteria.

It must be remembered that suggestibility not only varies from individual to individual, but does so from time to time in the same individual. Without enlarging upon the well-known suggestibility of childhood and youth, I wish to emphasize the changes in this susceptibility due to fatigue, want of sleep, slight disorders of digestion, alimentary and chemical intoxications, as well as those due to the slighter infections. The climacteric periods' episodes, in disturbing the accustomed rhythm of the organism, very frequently modify the suggestibility.

Nor must it be forgotten that the subjective symptoms of the neurasthenic state may be acquired by suggestion, and that a number of cases of so-called neu-

rastenia are purely imaginary. It is to the neglect of this consideration that we owe the erroneous common opinion that neurasthenia is curable by suggestive therapy; whereas the truth is that such treatment cures only cases of false neurasthenia. It may, however, assist neurasthenics by stimulating the motor activities, which, in turn, may hasten the metabolic processes upon the disorder of which the disease depends.

The outstanding corollary of these doctrines is the tremendous power of the medical attendant to impose or not upon his patient an idea which may create such a derivative of the imagination as a gastric "neurosis," a sphylophobia, astasia-abasia, a paralysis or weakness of an extremity, or any of the numerous imaginary diseases suggested by medical men by injudicious questioning or advice. I need not here discuss the deliberate venality which arouses fear for its own profit; for that fear is often allayed by the ingenuity by which it has been incited. I speak only of the blunderer in whose mind the idea of organic disease permeates his conduct so as to alarm the patient. (See Williams, "The False or Psychic Gastro-pathies," *Old Dominion Journal*, Nov., and *Medical Record*.)

A false and exaggerated optimism is in this respect as fertile in unfortunate suggestions as in the preceding method; for the patient quickly perceives the insincerity of his attendant's remarks. Both attitudes arise from the want of precision in methods and consequent uncertainty of diagnosis.

To the doctor's temporising thus engendered, we must attribute the birth and evolution of the so-called traumatic neurosis. Now, Pathology has taught us that spinal and cerebral commotion cannot give rise to symptoms of the character and duration complained of by the victims of 'railway spine'; and that hematomyelia is a very different clinical picture. Chemistry has taught us that no constant change occurs in the secretions of these patients. From Biology, we learn that other organisms suffer from just such disabilities independent of trauma; and from Ethnology, that other races and peoples show a similar syndrome though the thought of a railway train has never entered their heads. Psychology has taught us that such

symptoms can arise purely from an idea and can be removed by another idea.

We cannot then attribute this disease to trauma as such; but must do so to the expectation of medical men of the last generation that such a condition was biologically possible; and to the consequent present belief in its existence by the laity, who are always laggards in science.

This popular belief is prevented from dying by the few medical men who still foster the doctrine that trauma can itself produce the neurosis in question. Whether it is done through respect of

authority, by following the fashion, on account of want of information, or by reason of venality, the effect on the public mind is alike; and it is high time that we as a profession orientated ourselves as regards hysteria in a fashion at once precise and comprehensible, so that an end may be put to the scandal of permitting a premium to be placed through our fault upon want of hardness, lack of self-respect, forgetfulness of obligations, even when simulation, unconscious or deliberate, is not in question.

2118 Wyoming Avenue.

